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## Emergency Appeal 6 months update

### South Sudan: Complex Emergency

 International Federation  
of Red Cross and Red Crescent Societies

<b>Emergency Appeal MDRSS003</b>	<b>Glide n° OT-2014-000001-SSD</b>
<b>Date of disaster:</b> 15 December 2013	<b>Timeframe covered by this update:</b> 9 January 2014 – 10 July 2014
<b>Operation start date:</b> 9 January 2014	<b>Person (IFRC) responsible for implementation of the operation:</b> Paula Fitzgerald, Country Representative, South Sudan
<b>Expected timeframe:</b> 12 months	
<b>Host National Society:</b> South Sudan Red Cross	<b>Operation budget:</b> CHF 4,762,989
<b>Number of people affected:</b> 916,900 IDPs, 4.9 million people estimated in need of humanitarian assistance, 289,360 people crossed borders into Sudan, Kenya, Ethiopia and Uganda	<b>Number of people to be assisted:</b> 450,000
<b>N° of National Societies currently involved in the operation (if available and relevant):</b> South Sudan Red Cross, International Committee of the Red Cross (ICRC), International Federation of the Red Cross and Red Crescent Societies (IFRC) and Partner National Societies (PNS) present in the country: Austrian, Canadian, Danish, German, Netherlands, Norwegian, Swedish and Swiss Red Cross. Other PNS partners; British, Finnish and Japanese Red Cross Societies)	
<b>N° of other partner organizations involved in the operation (if available and relevant):</b> UNOCHA, UNHCR, WFP, WHO, UNICEF, INTERSOS, IOM, IRC, Nile Hope, ACTED, Solidarités, World Vision, SCF International, NRC and DRC.	

**Summary:** The internal conflict that started in the capital city of Juba in South Sudan on 15 December, 2013 rapidly spread to other parts of the country, with worst affected states being Jonglei, Unity and Upper Nile. The conflict has resulted in casualties, wounded and missing among the affected population and had an overall impact on the situation in the country. It has created long term humanitarian consequences for the affected population, including massive displacement in the country and into neighbouring countries (Uganda, Ethiopia, Sudan and Kenya). Despite a renewed agreement of cessation of hostilities, signed on May 9 2014 the situation remains tense and unpredictable, in particular in the Jonglei, Unity, and Upper Nile states. Even as peace talks continue, the situation in many parts of the country continues to be tense and unpredictable, in particular in Jonglei, Unity, and Upper Nile states.

More than 1.2 million people have been reported to be displaced within the country and over 434,000 people have fled to neighbouring countries. The situation in Jonglei, Unity and Upper Nile states remains tense, with reports of sporadic shooting in Nasir, Upper Nile, and youth mobilization in parts of Jonglei. People continued to flee to neighbouring countries.

The context was additionally challenged when on 15 May 2014, the Ministry of Health officially declared an outbreak of cholera in Juba. As of 17 June 2014, a total of 1,785 cholera cases including 38 deaths (19 in health facilities, 19 community deaths) were reported in South Sudan. On the reporting date 50 people were admitted to the cholera treatment centre facilities. The main affected area being Central Equatoria state, where cases were reported from eight Payams with Rejaf and Munuki being the most affected. Other places

with reported cholera cases are Kajo Keji and Yei in Central Equatoria and Kaka in Upper Nile state and Lanyi, Mundri East in Western Equatoria state. By June, new areas were being affected outside Juba - the hotspot being Torit in Eastern Equatoria State.

As of 9 July, a total of 3,152 cholera cases including 70 deaths (representing a case fatality rate of 2.3 percent) had been reported throughout the country with Juba and Torit counties being areas of concern. In Wau Shilluk, Upper Nile State, the cumulative number of registered cases reached 652, with 17 deaths. Currently 207 patients are undergoing treatment (OCHA sitrep 44, 10 July)

While the outbreak was relatively contained in Central Equatoria by July, other areas of the country, notably in Torit, Eastern Equatoria State, remained a concern. Health partners continued social mobilization and other health activities to continue to fight the spread of the disease.

**South Sudan Red Cross action:** SSRC responded to the needs of the population affected by the conflict. Volunteers have been active providing first aid and emergency health care to affected populations. With the support of ICRC, IFRC and PNSs in-country, SSRC managed water distribution and hygiene promotion activities at UNMISS camp at Tongping in Juba where about 27,000 people are seeking shelter and protection. 2,000 households in Central Equatoria state and 1,950 households in Jonglei state were assisted with NFI kits. SSRC volunteers were trained in needs assessments, relief distributions, health and hygiene promotion.

After the Ministry of Health formally declared a cholera outbreak in South Sudan in May, 2014, a cholera taskforce led by SSRC and supported by Movement partners was established to support SSRC planning and responding to the cholera outbreak.

At national level, SSRC was also invited to be part of a national taskforce for cholera response led by the Ministry of Health in Juba. WHO, UNICEF, MSF and INGOs MEDAIR OXFAM etc. were the other members of the taskforce. The geographical operational areas for social mobilization were agreed within the social mobilization sub cluster under National Cholera Task Force. South Sudan Red Cross was tasked with social mobilization and WatSan support at Gudele, Mauna, Lologo, and Kator. At the request from the taskforce, SSRC actions were later extended to Gumbo in Juba County.

[<click here to go directly to the interim financial report, or here to view the contact details>](#)

## Coordination and partnerships

**Movement Coordination:** Movement partners have been working with and supporting the SSRC in its response plans. Initially, Swedish, Norwegian and Austrian Red Cross supported the emergency appeal by providing staff on loan to IFRC to facilitate rapid response to the emergency operation. This arrangement was concluded in May, after the situation in the country began to normalize. In order to streamline and manage support from partners, consolidated activity response plans were developed which provided a clear picture on which partner is supporting which activity. This was a useful tool for SSRC to monitor and manage its plans and responses, since some partners also provided additional resources to SSRC bilaterally. This included support for NFIs, protective gear, First Aid kits, psychosocial support and trainings.

Similar consolidated response plans were developed to support SSRC in its response to the cholera outbreak and were implemented. Operations meetings were initiated at the start of the emergency response and initially held every day and later revised to three times per week. The meetings were chaired by SSRC

operations to monitor implementation, review plans, monitor progress and share lessons for improvement of operations. Coordination meetings for cholera taskforce led by SSRC health staff were activated in May.

Other relevant coordination mechanisms include the Movement Operational Coordination (MOC) meetings (with participation of SSRC, IFRC, ICRC and PNSs), Movement Platform meeting (SSRC, IFRC and ICRC) and Technical Committee meetings.

### **Coordination with other actors:**

Coordination with actors outside the Movement is ensured through regular attendance by SSRC and IFRC to relevant cluster coordination meetings, such as health, NFI/shelter, WASH and emergency preparedness and response clusters. SSRC also participates in coordination meetings with Ministry of Health. Through its participation in these meetings SSRC is being increasingly recognized as a key humanitarian actor in the country.

## **Operational implementation**

The areas of intervention included the following:

**Shelter and NFIs:** 2,000 NFI kits were distributed to 2,000 households in the following locations: Bungu, Ganji, Rokon, in Central Equatoria State in March, 2014. Items distributed were for households: buckets, blankets, soap, ORS, PUR sachets, kitchen sets, tarpaulins, sleeping mats and mosquito nets. SSRC also distributed second hand clothes which had been donated from local associations in Juba. The proper use of the water purification sachets and ORS were demonstrated at each distribution centre. In April, 2014, 950 NFI kits funded by Netherland Red Cross were distributed to affected households in Bor town and in June 1,000 kits funded by Swiss Red Cross were distributed to returnees in Pariak County in Jonglei state. All distributions were carried out in coordination with shelter cluster, state authorities and state cluster leads.

In Pariak County, 500 dignity kits, consisting of hygiene materials, targeting households with girls and women between ages 15 and 45 were also distributed. Also in June, ICRC supported SSRC with 3,000 NFI kits. IFRC procured 2,000 NFI kits and initiated procurements for 1,000 standard shelter kits. Distribution plans for these items are being developed. The national society carried out procurements of NFIs, stretchers, protective gear, First Aid kits etc. through bilateral support.

**Health and Care:** In Awerial SSRC is implementing hygiene promotion activities in camps for IDPs from Jonglei state. The activities are implemented by SSRC staff from Jonglei state who are also displaced and living in the camp. The activities include health and hygiene promotion in Mingkaman (Ahou). The number of SSRC volunteers has been reduced from 58 to 30 as IDPs moved out of the area served by SSRC during July due to flooding. The cumulative number of persons reached during the reporting period was 7,785 individuals (comprising of 2,697 males and 5,088 females.)

Health and hygiene promotion are also part of SSRC's continuing activities at UNMISS camp, Tongping, in Juba. Forty six volunteers including volunteers from within the community in Tongping were trained on hygiene promotion and are involved in the activities.

SSRC volunteers continued to provide First Aid (dressings of gunshot wounds) at the Juba Military Hospital from December 2013. In the second quarter, 2,457 patients were assisted. 3,336 patients were earlier assisted up to March, 2014.

SSRC continued to participate in the health and WASH cluster meetings at national and state levels.

**Water and Sanitation activities:** Since January, 2014, SSRC through its volunteers are managing two water points which provide clean water to around half of the 25,000 IDPs in the Tongping site in Juba. Trained volunteers ensure maintenance of the water points and supply system and carry out regular water quality monitoring. Spare parts and fuel are procured to ensure the maintenance of the supply system.

The daily provision of safe water is on-going in Tongping with 30 volunteers assisting in providing 15 litres of clean water to an average of 7,000 people per day. Refresher training on water supply system and maintenance are held regularly, usually every week, to ensure new and existing volunteers have the necessary skills to manage water points. Volunteers are deployed at all water facilities for sensitizing the community on proper handling, use and storage of water. These are implemented through group sessions and megaphones. The volunteers also discard dirty jerry cans and advise owners to wash them before entry to fetch water. 14,894 Jerry cans were cleaned between January and June, 2014. For the upkeep and maintenance of water points at Tongping camp, SSRC also assisted to raise the level of ground and prevent water logging by spreading murrum at water points. Other support included replacement of tap stands, repair of damaged pipe network, provision of fuel and oil for running water points etc. The Austrian Red Cross in-country delegate provided technical support to SSRC WatSan activities during this period.

Between 11 January and 6 February, while the Austrian Red Cross delegate was out of the country, a WatSan RDRT was deployed for 3 weeks, to support training of SSRC staff and volunteers on maintenance and operation of the water points in Tongping. The RDRT also assisted in setting up monitoring systems for water supply and hygiene activities to ensure necessary data was collected.

In May, there was tension between IDPs and some volunteers and as a result, activities were affected. The number of volunteers involved in the activities has since reduced from 30 to 16.

**Cholera response:** In May 2014 after the Ministry of Health declared a cholera outbreak in the country, a 2-week response plan was developed by SSRC with support of partners. Based on this plan, and in coordination with the national taskforce on cholera led by MoH, response activities were initiated through social mobilization in Payams of Kator, Rejaf and Munuki in Juba County. The activities were implemented through house-to-house visits, use of loud speakers and drama shows. In Torit, where night curfew had not been in place, mobile cinema on cholera prevention was also screened at targeted locations. PUR, ORS and soap were also distributed by volunteers in areas assigned for SSRC as part of prevention and response.

In April, 58 volunteers were trained in health and hygiene promotion and in June, a refresher training was conducted for the same volunteers, to respond to the cholera outbreak. Volunteers were trained on facts about cholera, cholera prevention methods and key messages to be used during house-to-house visits. 514 households were visited by volunteers between May and June, during which 1,817 male and 3,538 female community members benefited. Apart from cholera prevention, topics on malaria and diarrhoea were also covered due to the rainy season. One-day refresher training was provided by SSRC in collaboration with UNICEF to 340 volunteers in 5 locations (Juba, Gumbo, Yei, Lainya and Torit) on cholera and cholera prevention and 178 volunteers were deployed.

In June an IFRC Field Assessment and Coordination Team (FACT) was deployed to South Sudan to support SSRC response to the cholera outbreak. Based on the teams' initial assessment in Juba and later in Torit, two ERUs (Community Health and Watsan) were deployed. The WatSan ERU came with a M40

module which has been installed in Torit and is now providing daily safe drinking water to 40,000 people living in cholera affected areas.

### **Cholera Social Mobilization: Households Reached and Items Distributed (19 May-7 July, 2014)**

<b>Location</b>	<b>Households reached</b>	<b>ORS</b>	<b>PUR</b>	<b>Soap</b>
Gudele	18,007	35,170	4,950	4,653
Lologo	8,641	18,582	3,012	5,791
Gumbo	2,210	4,456	16,376	2,282
Torit	9,767	19,146	14,882	200
Yei	700	1,320	7,000	200
<b>GRAND TOTAL</b>	<b>39,325</b>	<b>78,674</b>	<b>46,220</b>	<b>13,126</b>

Other activities included training of 9 volunteers in Juba as pump mechanics to carry out rehabilitation and maintenance of hand pumps in Juba. The trained volunteers assessed 11 hand pumps and rehabilitated two in June, 2014.

<b>Planned interventions</b>	<b>Implementation</b>
<b>Quality programming/needs assessment</b>	
1. The emergency appeal, plan of action and activities are revised and updated as necessary, based on emerging needs	<ul style="list-style-type: none"> <li>• Process for revision of the emergency appeal was completed in July and revised appeal published.</li> </ul>
2. Beneficiary communication plan is developed to ensure that target communities have access to relevant, accurate and timely information and that mechanisms are in place to collect and use their feedback	<ul style="list-style-type: none"> <li>• 90 volunteers (60 in Juba and 30 in Awerial) were trained in June, on beneficiary communication messaging. Main topics covered were overview of SSRC and activities; Fundamental Principles &amp; Code of Conduct for staff and volunteers, Communication skills and approaches, conflict resolution and management. The trained volunteers were mainly the frontline volunteers.</li> <li>• Hygiene/cholera messages developed in collaboration with Internews – in the form of public service announcement and drama.</li> <li>• Mobile cinema on cholera was initiated at Torit in June, following the outbreak of cholera.</li> </ul>
3. Management of operation is informed by a comprehensive monitoring and evaluation system	<ul style="list-style-type: none"> <li>• A monitoring system was put in place in the first quarter, including indicator tracking table. This however does not cover cholera response activities.</li> </ul>
<b>Health and Care</b>	
4. First aid services and referrals provided to persons in need of emergency health care	<ul style="list-style-type: none"> <li>• A total of 5,793 people reached with first aid services (dressings) in Juba Military hospital between January and June, 2014.</li> </ul>
5. Epidemic control and disease prevention carried out in vulnerable and conflict affected communities	<ul style="list-style-type: none"> <li>• 39,325 households in Juba and Torit were reached through social mobilization with cholera prevention messages. In Awerial, 514 households were reached with messages on cholera, malaria and diarrhoea.</li> </ul>

<p>6. Decreased risk for polio and measles infections in high risk IDP communities through social mobilization activities.</p>	<ul style="list-style-type: none"> <li>• Social mobilization activities started in 3rd week of March for cholera and meningitis in Awerial. This was followed by polio and measles campaigns in the 3rd week of April. All 58 volunteers were involved and 2,000 households reached.</li> </ul>
<p><b>Water, Sanitation and Hygiene promotion</b></p>	
<p>7. Daily access to safe water is provided to IDPs, in line with the Sphere standards to 13,790 people</p>	<ul style="list-style-type: none"> <li>• The daily provision of safe water is on-going in Tongping IDP camp in Juba with 16 volunteers assisting in providing 15 litres of safe water to an average of 7,000 people per day.</li> </ul>
<p>8. The target population has increased awareness on how they prevent diseases through hygiene practices to 77,500 people</p>	<ul style="list-style-type: none"> <li>• 58 trained volunteers in Awerial have been trained and providing services to 4,500 IDPs in Ahou displacement camp in Awerial. Hygiene promotion activities at Tongping camp benefit about 14,520 people. In addition, hygiene promotion was also built into social mobilization for cholera prevention. Hygiene promotion was also part of NFI distribution which was implemented in March, for 2,000 households in Juba in Central Equatoria state.</li> </ul>
<p><b>Shelter and settlements</b></p>	
<p>9. Covering shelter and basic household items are provided to 10,000 households related activities</p>	<ul style="list-style-type: none"> <li>• 3,000 shelter kits were initially planned to be procured for distribution. However, the number was revised to 1,000 shelter kits due to low financial coverage of the appeal, and procurement initiated. Due to limited warehouse space, procurement has been partially completed.</li> </ul>
<p>10. Covering shelter and basic household items are provided to 10,000 households related activities</p>	<ul style="list-style-type: none"> <li>• 2,000 NFI kits were distributed in March in Central Equatoria state. Another 2,000 kits supported by bilateral partners were distributed in Jonglei state.</li> <li>• In addition to this, ICRC has supported SSRC with 3,000 kits to be distributed and IFRC procured 2,000 kits which are ready for distribution.</li> </ul>
<p><b>National Society Capacity Building</b></p>	
<p>11. National Society branches that were directly and adversely affected by the conflict are returned to minimum operational capacity</p>	<ul style="list-style-type: none"> <li>• Some bilateral support was provided by Danish Red Cross to the Jonglei state branch in Bor to repair damages caused by the conflict and purchase of furniture.</li> <li>• As the situation in Bentiu and Malakal continue to be fluid, no rehabilitation support in the near future is being discussed.</li> </ul>
<p>12. The overall preparedness and response capacity of the National Society at headquarter and branch level is increased sufficiently that the National Society has the human and</p>	<ul style="list-style-type: none"> <li>• These activities are planned to be supported bilaterally by the Danish Red Cross and Netherland Red Cross.</li> <li>• Strategy for implementation has been discussed</li> </ul>

material resources to respond to rapid onset emergencies.	in the DM technical working group meetings.
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## Challenges

1. The cholera outbreak and response changed the direction of the original response plans.
2. IFRC has not managed to recruit another operations manager since the departure of the previous operations manager.
3. The two emergencies have placed high demands on SSRC and overstretched its capacities and caused delays in implementing certain aspects of the plan such as distribution of shelter kits.
4. Security situation in some parts of the country remains fluid and uncertain.
5. In May, there were tensions between IDPs and some volunteers providing services at UNMISS camp in Juba. Volunteers from outside the camp were restricted for some weeks.
6. The coverage for the emergency appeal remains low at around 26%.

## Contact information

### For further information specifically related to this operation please contact:

- **South Sudan Red Cross:** John Lobor, Deputy Secretary General; mobile phone: +211 912 666 836; email: [john.lobor@southsudanredcross.org](mailto:john.lobor@southsudanredcross.org)
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### For Resource Mobilization and Pledges:

- **In IFRC Zone:** Martine Zoethouthmaar, Resource Mobilization Coordinator; Addis Ababa; phone: + 254 721 486 953; email: [martine.zoethoutmaar@ifrc.org](mailto:martine.zoethoutmaar@ifrc.org)
- Please send all pledges for funding to [zonerm.africa@ifrc.org](mailto:zonerm.africa@ifrc.org)

### For Performance and Accountability (planning, monitoring, evaluation and reporting)

- **In IFRC Zone:** Robert Ondrusek, PMER Coordinator; mobile phone: +254 731 067 277; email: [robert.ondrusek@ifrc.org](mailto:robert.ondrusek@ifrc.org)

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## How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world. The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

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Saving lives, changing minds.



1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

## Disaster Response Financial Report

### MDRSS003 - Republic of South Sudan - Complex Emergency

Timeframe: 09 Jan 14 to 31 Jan 15

Appeal Launch Date: 04 Mar 14

Interim Report

#### Selected Parameters

Reporting Timeframe	2014/1-2014/8	Programme	MDRSS003
Budget Timeframe	2014/1-2015/1	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

## I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>A. Budget</b>		<b>4,762,989</b>				<b>4,762,989</b>	
<b>B. Opening Balance</b>							
<b>Income</b>							
<b>Cash contributions</b>							
<i>China Red Cross, Hong Kong branch</i>		22,151				22,151	
<i>Finnish Red Cross</i>		97,585				97,585	
<i>Finnish Red Cross (from Finnish Government*)</i>		361,706				361,706	
<i>Japanese Red Cross Society</i>		86,217				86,217	
<i>Norwegian Red Cross</i>		74,016				74,016	
<i>Red Cross of Monaco</i>		36,608				36,608	
<i>Swedish Red Cross</i>		203,571				203,571	
<i>Taiwan Red Cross Organisation</i>		26,532				26,532	
<i>The Canadian Red Cross Society</i>		113,758				113,758	
<i>The Canadian Red Cross Society (from Canadian Government*)</i>		160,100				160,100	
<i>The Netherlands Red Cross (from Netherlands Red Cross Silent Emergency Fund*)</i>		60,909				60,909	
<b>C1. Cash contributions</b>		<b>1,243,152</b>				<b>1,243,152</b>	
<b>Other Income</b>							
<i>DREF Allocations</i>		286,695				286,695	
<b>C4. Other Income</b>		<b>286,695</b>				<b>286,695</b>	
<b>C. Total Income = SUM(C1..C4)</b>		<b>1,529,847</b>				<b>1,529,847</b>	
<b>D. Total Funding = B + C</b>		<b>1,529,847</b>				<b>1,529,847</b>	

\* Funding source data based on information provided by the donor

## II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>B. Opening Balance</b>							
<b>C. Income</b>		1,529,847				1,529,847	
<b>E. Expenditure</b>		-645,060				-645,060	
<b>F. Closing Balance = (B + C + E)</b>		<b>884,787</b>				<b>884,787</b>	

## Disaster Response Financial Report

### MDRSS003 - Republic of South Sudan - Complex Emergency

Timeframe: 09 Jan 14 to 31 Jan 15

Appeal Launch Date: 04 Mar 14

#### Interim Report

#### Selected Parameters

Reporting Timeframe	2014/1-2014/8	Programme	MDRSS003
Budget Timeframe	2014/1-2015/1	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

## III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
<b>BUDGET (C)</b>			<b>4,762,989</b>			<b>4,762,989</b>		
<b>Relief items, Construction, Supplies</b>								
Shelter - Relief	476,213		28,503			28,503	447,710	
Shelter - Transitional			983			983	-983	
Construction - Facilities	279,500		946			946	278,554	
Construction Materials	88,200		400			400	87,800	
Clothing & Textiles	253,069		816			816	252,253	
Water, Sanitation & Hygiene	482,353		125,040			125,040	357,313	
Medical & First Aid	105,243		134			134	105,110	
Teaching Materials	5,687		5,125			5,125	563	
Utensils & Tools	229,363		51,655			51,655	177,708	
Other Supplies & Services			2,234			2,234	-2,234	
<b>Total Relief items, Construction, Sup</b>	<b>1,919,628</b>		<b>215,835</b>			<b>215,835</b>	<b>1,703,792</b>	
<b>Land, vehicles &amp; equipment</b>								
Vehicles	147,550						147,550	
Computers & Telecom	166,784		7,173			7,173	159,610	
Office & Household Equipment	15,964						15,964	
<b>Total Land, vehicles &amp; equipment</b>	<b>330,298</b>		<b>7,173</b>			<b>7,173</b>	<b>323,124</b>	
<b>Logistics, Transport &amp; Storage</b>								
Storage	75,500		18,994			18,994	56,506	
Distribution & Monitoring	156,900		38,910			38,910	117,990	
Transport & Vehicles Costs	88,220		34,331			34,331	53,889	
Logistics Services			33			33	-33	
<b>Total Logistics, Transport &amp; Storage</b>	<b>320,620</b>		<b>92,268</b>			<b>92,268</b>	<b>228,352</b>	
<b>Personnel</b>								
International Staff	525,000		62,974			62,974	462,026	
National Staff	37,200		28,880			28,880	8,320	
National Society Staff	178,598		1,610			1,610	176,988	
Volunteers	518,480		87,693			87,693	430,788	
Other Staff Benefits			342			342	-342	
<b>Total Personnel</b>	<b>1,259,278</b>		<b>181,498</b>			<b>181,498</b>	<b>1,077,780</b>	
<b>Consultants &amp; Professional Fees</b>								
Consultants	58,000						58,000	
Professional Fees	58,505						58,505	
<b>Total Consultants &amp; Professional Fees</b>	<b>116,505</b>						<b>116,505</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	218,797		2,278			2,278	216,520	
<b>Total Workshops &amp; Training</b>	<b>218,797</b>		<b>2,278</b>			<b>2,278</b>	<b>216,520</b>	
<b>General Expenditure</b>								
Travel	50,000		27,064			27,064	22,936	
Information & Public Relations	20,069		11,219			11,219	8,850	
Office Costs	51,033		15,265			15,265	35,768	
Communications	54,210		7,991			7,991	46,219	
Financial Charges	10,800		9,615			9,615	1,185	
Other General Expenses			547			547	-547	
Shared Office and Services Costs	121,052		30,130			30,130	90,922	
<b>Total General Expenditure</b>	<b>307,164</b>		<b>101,831</b>			<b>101,831</b>	<b>205,333</b>	
<b>Indirect Costs</b>								

**Disaster Response Financial Report****MDRSS003 - Republic of South Sudan - Complex Emergency**

Timeframe: 09 Jan 14 to 31 Jan 15

Appeal Launch Date: 04 Mar 14

Interim Report

**Selected Parameters**

Reporting Timeframe	2014/1-2014/8	Programme	MDRSS003
Budget Timeframe	2014/1-2015/1	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

**III. Expenditure**

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
<b>BUDGET (C)</b>			<b>4,762,989</b>			<b>4,762,989</b>		
Programme & Services Support Recove	290,699		41,978			41,978	248,721	
<b>Total Indirect Costs</b>	290,699		41,978			41,978	248,721	
<b>Pledge Specific Costs</b>								
Pledge Earmarking Fee			1,299			1,299	-1,299	
Pledge Reporting Fees			900			900	-900	
<b>Total Pledge Specific Costs</b>			2,199			2,199	-2,199	
<b>TOTAL EXPENDITURE (D)</b>	<b>4,762,989</b>		<b>645,060</b>			<b>645,060</b>	<b>4,117,928</b>	
<b>VARIANCE (C - D)</b>			<b>4,117,928</b>			<b>4,117,928</b>		

**Disaster Response Financial Report**

MDRSS003 - Republic of South Sudan - Complex Emergency

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Split by funding source	Y	Project	*
Subsector:	*		

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**IV. Breakdown by subsector**

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
<b>BL2 - Grow RC/RC services for vulnerable people</b>							
Disaster response	4,762,989		1,529,847	1,529,847	645,060	884,787	
Subtotal BL2	4,762,989		1,529,847	1,529,847	645,060	884,787	
<b>GRAND TOTAL</b>	<b>4,762,989</b>		<b>1,529,847</b>	<b>1,529,847</b>	<b>645,060</b>	<b>884,787</b>	